



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
GEOLOGICAL SURVEY PROGRAM  
**MONTHLY WELL STATUS AND PRODUCTION REPORT**

FORM OGC-9

FIELD					COUNTY				
LOCATION OF FIELD		SECTION(S) _____ TWP _____ RNG _____							
OPERATOR					MONTH		YEAR		
LEASE	TYPE AND NUMBER OF WELLS				PRODUCTION			GRAVITY A.P.I.	AVG. PRICE AT WELLHEAD PER/BBL.-MCF
	TYPE*	(1) ACTIVE	(2) INACTIVE	(3) TOTAL	OIL BBL'S.	WATER BBL'S.	GAS MCF'S		
<b>CERTIFICATE</b> ▶ I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.									
SIGNATURE									
*TYPE	F - Flowing, P - Pumping, SI - Shut In, TA - Temporarily Abandoned, WI - Water Injection, AI - Air-Gas Injection								
NOTE ▶	Total number of wells (col. 3) will equal Active wells (col.1) plus Inactive wells (col.2).								